

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.H.	4492	9/16/97
OLP.E. CLASSIFIER			8/1/99
FORMALITY REVIEW	Wm	68531	8/27/99

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected      N \_\_\_\_\_ Non-elected  
 - \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
 (Through numerals) \_\_\_\_\_ Canceled      A \_\_\_\_\_ Appeal  
 + \_\_\_\_\_ Restricted      O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
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Best Available Copy